



## 2013 South Dakota Military Youth Camps 22-26 July 2013

### Get Wild! at Storm Mountain

(Campers ages 9-11 / Junior Counselors ages 15-17)

### Explore! at Camp Rapid

(Campers ages 12-14)

Please send  
volunteer  
applications to:

ATTN: Taryn Broomfield, Lead Child & Youth Coordinator  
2823 West Main Street, Bldg 420  
Rapid City, South Dakota 57702  
(605) 737-6919  
[taryn.m.broomfield.ctr@mail.mil](mailto:taryn.m.broomfield.ctr@mail.mil)

## Adult Volunteer Application

*\*Eligible volunteers also include South Dakota military members on volunteer status,  
retired members, their spouse, or legal dependant*

Camp Selection: \_\_\_\_\_ Get Wild! \_\_\_\_\_ Explore!

Date:

Applicant Name

Other Names

(maiden, alias, etc.)

Home Address

City, State, Zip

Cell / Home Phone

SSN\*

Sex:

☐ Male ☐ Female

Date of Birth

E-mail Address

Work Phone

### Military Affiliation:

☐ Air National Guard

☐ Retired Air

☐ Dependant Air/Army

☐ Army National Guard

☐ Retired Army

☐ Active Duty -

Army, Air Force, Navy, etc.

☐ Reserves

☐ Spouse

☐ Other (OMK, etc.)

If Dependant:

Military member's name

Military member's branch/unit

### T-Shirt Size:

☐ Small

☐ Medium

☐ Large

☐ X-Large

☐ XX-Large

☐ I have prior red Youth Camp  
counselor t-shirts that I will be  
using in lieu of being provided  
with new t-shirts.

### I am interested in the following positions:

☐ Counselor – all week

☐ Volunteer – all week

☐ Volunteer – as needed

☐ Medical Staff

☐ Security/Supplies

What is your reason for wanting to volunteer with the SD Military Youth Camps?

List any experience you have working with children.

Do you have any formal training that you would like to share?

(Please let us know if you hold any current certifications ( i.e. first aid, CPR, water safety, boating, etc.)

Have you previously been a volunteer or counselor at Youth Camp?

☐ Yes ☐ No

Have you completed a federal fingerprint background check within the last five (5) years in reference to working with youth?

☐ Yes ☐ No

\*\*\* Please see the attached letter for information regarding required background checks\*\*\*

**References:** Please list two people who are familiar with your character in relation to working with youth. Please include a complete mailing address to avoid delays in screening.

Name

Address

City, State, Zip

Phone

Name

Address

City, State, Zip

Phone

**Emergency Contacts:** Please list the name, phone number, and relationship of two people that we may contact in case of an emergency.

Name

Phone Number

Relationship

Name

Phone Number

Relationship

**Medical Information:**

1. Are you presently being treated by a physician?

☐ Yes ☐ No

2. Are you presently taking prescription medications?

☐ Yes ☐ No

3. Are you allergic to any medications?

☐ Yes ☐ No

4. Do you have any allergies?

☐ Yes ☐ No

**If you have answered yes to any of these questions, please explain:**

Family Physician

Clinic

Phone Number

Dentist

Clinic

Phone

Health Insurance &  
Policy/Group Number

**Additional Information:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Do you use illegal drugs?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever been arrested for or charged with a crime involving a child?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been charged with child neglect or abuse?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever been asked to resign because of, or been decertified, for a sexual offense? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other than the above, is there any fact or circumstance involving you or your background that would call into question you being entrusted with the supervision, guidance, and care of young people?

☐ Yes ☐ No

***If you have answered yes to any of these questions, please explain:***

***Important – Please read the following information carefully.  
These boxes must be completed to participate as a volunteer.***

**Authorization for treatment:** I hereby give permission to the medical personnel selected by camp staff to order x-rays, routine test and treatment; to release any records necessary for insurance purposes, and to give permission to the physician selected to secure and administer treatment, including hospitalization, for the purpose named above. The completed forms may be photocopied for trips outside of camp.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**I understand that:**

- a. The information that I have provided may be verified by contacting references named in this application, or any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information; the State of South Dakota, the South Dakota National Guard, its employees, contractors, and volunteers thereof, and OMK.
- b. I understand that as part of my application process, state and federal fingerprint background checks are required to be completed.
- c. I understand that I may be required to complete a health form which will be reviewed by our medical personnel.
- d. In signing this application, I agree to abide by the decisions of the SD Military Youth Camp Board, and understand that the leadership is not based on military rank or position. I also agree to assist in all duties assigned, including set-up and clean-up.
- e. I affirm that all of the information provided is true and correct, to the best of my knowledge.
- f. I desire to volunteer my services to the South Dakota Military Youth Camp. I agree that my services are being performed as a volunteer and that I do not expect present or future salary, wages or related benefits as payment or reimbursement for these volunteer services.
- g. I give my permission for the release of my name, address, and phone number to be provided to fellow campers and staff for the purpose of future communications. It will not be sold or distributed for any other use. Any photos or videos may be used for the promotion of the South Dakota Military Youth Camp.
- h. This form is being signed under penalty of perjury.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



## 2013 South Dakota Military Youth Camps Get Wild! and Explore!

2823 West Main Street, Bldg. 420  
Rapid City, SD 57702  
605-737-6919 or 1-800-658-3930  
[taryn.m.broomfield.ctr@mail.mil](mailto:taryn.m.broomfield.ctr@mail.mil)



Dear Volunteer,

Hello! We are pleased that you decided to volunteer for the 2013 South Dakota Military Youth Camps (Get Wild! for ages 9-11 and Explore! for ages 12-14). We are looking forward to having you on our team and having a great time again this year!

The Department of Defense (DoD) has specific background check requirements for youth volunteers. This is a two-fold process, which includes a **state check** and a **federal FBI check**. The State Criminal History Repository fingerprint check is good for one year and needs to be completed for each state you have resided in as an adult. The FBI fingerprint check is good for five years from the date of check. These checks are required for all volunteers that will be in contact with youth. No other background checks, to include military security clearances, will be accepted.

According to the DoD and the National Guard Bureau (NGB), a criminal history background check is required for all personnel having regular contact with children involved in National Guard Youth Programs. This includes, but is not limited to Military Members, Government Employees, Contractor Employees, and volunteers both statutory and gratuitous.

Your personal information will be kept extremely secure and I will be the only individual to review your private record. If you have any questions regarding this process, you are welcome to contact me at 605-737-6919, or our Service Member & Family Support Director, LTC Bryan Jacobson, at 605-415-3131. Please understand that these requirements are in place to protect our youth and to ensure they have a fun and safe experience at Youth Camp.

Thank you again for your time and commitment to the 2013 SD Military Youth Camps. We appreciate you and all that you do to make camp a rewarding experience for all!

Sincerely,

Taryn Broomfield  
Lead Child & Youth Program Coordinator  
SDNG Youth Program  
Contractor – HPSC



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### **SD Requirements for State Background Check:**

In order to make a record check for other than criminal justice purposes, the Service Member & Family Support Office will submit your fingerprints and signed authorization and release form to the South Dakota Division of Criminal Investigation (DCI). This is in compliance with SDCL 23-5-12, which requires "fingerprint identification." All identifying information (i.e. name, date of birth, social security number, etc.) must be provided and the fingerprint card must be signed on the back by the subject and the official taking the prints.

Any local law enforcement agency may be able to assist in obtaining fingerprints. We request that you complete two sets of fingerprints. Some departments do charge a fee for this, however you will be provided reimbursement for payment costs. Please keep your receipts and notify our office of any fees. A few National Guard Armories provide fingerprinting as well, which can be done at no cost.

Please send your signed and completed fingerprint cards to the address below. Once these are received, the Service Member & Family Support Office will send your information through certified mail to the South Dakota Division of Criminal Investigation and they will conduct a search of their files and supply a copy of any criminal history that is found or a statement that there is no criminal history.

There is no charge to you for this background check. *Please contact me and I will send you the appropriate fingerprint card if needed. South Dakota fingerprint background checks need to be completed on specific SD Division of Criminal Investigation cards.*

### **Requirements for FBI Fingerprint Background Check:**

In order to complete an FBI check, please go to <http://www.fbi.gov/hq/cjisd/fprequest.htm> and click on "Applicant Information Form" on the right-hand side. This will need to be completed and submitted with two sets of fingerprints on an FBI fingerprint card (please visit the above link and click on "New FD-258 Fingerprint Card" on the right-hand side for an example). Again, your fingerprints can be obtained at your local law enforcement agency. Any fees incurred will be reimbursed by our office. Please send the completed applicant information form and fingerprint cards to our office and they will then be sent through certified mail to the FBI.

The FBI will conduct a search of their records. In the event that the results are returned to you, please send them to our office as soon as possible. Fingerprint cards are no longer being returned. For further questions, please visit <http://www.fbi.gov/hq/cjisd/fprequest.htm>.

There is no charge to you for this background check. Please send your completed cover letter and fingerprint cards to our office no later than **17 May 2013**.

**We take your privacy and security very seriously and can assure you that your information will be kept completely confidential.**

Mail to: Taryn Broomfield, Lead Child & Youth Coordinator, HPSC Contract Employee  
2823 West Main Street, Bldg. 420 Rapid City, SD 57702